



**Manchester
Metropolitan
University**

McLaughlin, Kenneth ORCID logoORCID: <https://orcid.org/0000-0002-3098-2303> (2021) Social Work in a Pandemic: Working without the social. Research Report. UNSPECIFIED. (In Press)

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Social Work in a Pandemic: Working without the social

Author: Kenneth McLaughlin

The coronavirus pandemic has had a significant impact on social work and social care for service users, carers and professionals. Dealing with the dying, the bereaved and the severely ill is not uncommon within social care, but the pandemic not only increased this significantly, it affected many other aspects of social work and care provision. The nature of the disease necessitated swift and decisive action, but, with hindsight, it is clear that the political response to the containment of the coronavirus had many unintended consequences, some of which I highlight below.

Care Homes

The rush to free up hospital beds resulted in many older and vulnerable people being discharged to care homes without due consideration being given to their needs and of the risk of them transmitting coronavirus within the homes. Care homes had insufficient space to isolate people who had caught coronavirus and contain its spread. Local supplies of personal protective equipment (PPE) were low, or non-existent in some places in the early stage of the crisis, which left many care workers exposed to the virus.¹ The emotional toll on staff in care homes, some of whom lost several residents to coronavirus in a matter of days, is immense.

During the first few weeks of the pandemic, people who use services and carers reported feeling very isolated and frightened. The emotional impact of social isolation cannot be underestimated, with residents being denied visits from their friends and family, many of whose mental state would have made them incapable of understanding why their loved ones had stopped visiting.

Social Work and lockdown

One study found that just under 40% of social workers said their ability to meet statutory responsibilities had been compromised, either because of rising demand for services or due to colleagues getting sick or having to self-isolate.² Workers also reported heightened anxiety levels due to the fear of contracting coronavirus, an understandable fear in the circumstances but not one conducive to doing a full and proper assessment of need and/or risk.

The closure of many formal and informal services such as schools, youth and community groups and other recreational activities, raises the fear that children who may be suffering are being missed, as such organisations are often those where the early signs of maltreatment, neglect or need are first noticed and then referred to social services.

The limits of online engagement

The increase in remote and online working has also undermined good practice. The quality of assessments has suffered as has the ability of social workers to build good working relationships with adults, children and families.

¹ 'Beyond COVID: New thinking on the future of adult social care', *Social Care Institute of Excellence*, <https://www.scie.org.uk/care-providers/coronavirus-covid-19/beyond/adult-social-care/negative-impacts>

² Turner, A. (2020) 'Most social workers say Covid-19 has negatively hit their work and the lives of those they support', *Community Care*, 28/5/20 <https://www.communitycare.co.uk/2020/05/28/social-workers-say-coronavirus-negatively-affected-services-people-they-support/>

The difficulties of working from home are not exclusive to social work but given the sensitive issues that are often discussed, a shared home/office environment is not ideal. As one social worker commented,

My ability to switch off has significantly decreased. Sat inside the house I share with my family, I am discussing severe sexual abuse, assault and injury that feels like a violation into my family life.³

The move to online assessments in many cases led to important decisions being made in relation to people's lives without social workers even meeting them. As one social worker put it,

'trying to assess someone's mental capacity over video call (sometimes with freezing picture and poor sound quality) seemed impossible and very impersonal'. It was 'social work without the social'.⁴

Compromising Rights and Liberty

The withdrawal of face-to-face visits and monitoring by care and support services often led to inappropriate requests for Mental Health Act (MHA) assessments being made. The withdrawal of services coupled with the threat of compulsory detention in hospital could only have had a detrimental effect on the mental state on those subject to them.

The use of digital technology to undertake MHA assessments by video or telephone, perhaps understandable given the current challenges of conducting face-to-face assessments, raised some powerful legal and ethical issues. Given you are considering taking away someone's liberty, is it ethically correct or even possible to do a proper assessment over the phone? Some Approved Mental Health Professionals (AMHPs) reported only using video interviews in relation to community treatment orders (CTOs), where the patient is already detained in hospital, rather than in relation to admission to hospital.⁵

NHS England had issued guidance that during the pandemic video assessments were permitted. However, the High Court ruled that the guidance was wrong noting that the MHA makes it a legal requirement that doctors and AMHPs must 'personally examine' a patient before recommending detention.⁶

Increased Demand

A Kings Fund report found that Covid-19 created extra types of demand for local authorities. Some of this demand related to breakdowns of other services, for example, people whose personal assistants were unable to work. In addition, workload increased significantly as hospitals urgently discharged patients, whilst there was an increase in demand due to people who would ordinarily

³ Silman, J. (2020) 'Before, there were peaks and troughs – with Covid, it's relentless': social work eight months into the pandemic', *Community Care*, <https://www.communitycare.co.uk/2020/12/18/peaks-troughs-covid-relentless-social-work-eight-months-pandemic/>

⁴ 'Social work without the social: the heartbreaking impact of separation on care home residents', *Community Care*, <https://www.communitycare.co.uk/2020/12/15/social-work-without-social-heartbreaking-impact-separation-care-home-residents/>

⁵ 'AMHPs used "inappropriately" throughout first Covid-19 lockdown, survey finds', *Community Care*, <https://www.communitycare.co.uk/2020/12/18/amhps-used-inappropriately-throughout-first-covid-19-lockdown-survey-finds/>

⁶ 'Video assessments by AMHPs unlawful, High Court rules' *Community Care*, <https://www.communitycare.co.uk/2021/01/27/video-assessments-amhps-unlawful-high-court-rules/>

have gone into hospital being unable to and who therefore required increased community support. This at a time when sickness absence had tripled to eight per cent.⁷

Summary

The coronavirus pandemic necessitated urgent action to prevent the spread of the disease and minimise its impact. However, governmental action has been criticised and the inadequacies of current social care provision cruelly exposed.

The impact within the field of social work and social care ranges from the tragedy of preventable deaths, the impact of social isolation, increased anxiety and the reduction and/or withdrawal of services that placed an increased burden on unpaid carers, family and friends.

The social work role was also adversely affected. Online assessments not only have the potential to infringe on legal protections, they also limit the quality of assessment, the outcome of which can have an enormous impact on the health, safety and liberty of those who are being assessed.

⁷ 'How Covid-19 has magnified some of social care's key problems',
https://www.kingsfund.org.uk/publications/covid-19-magnified-social-care-problems?gclid=EAlaIqObChMI_6vXsZbk7wIVAr_tCh34bwpbEAMYASAAEgK7svD_BwE